

# In This Issue: Risk and Care Management

Kurt C. Stange, MD, PhD, Editor

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The articles in this issue develop 2 themes: risk assessment and care management.

The risks identified in these studies relate to anger and the progression of prehypertension to hypertension and coronary heart disease,<sup>1</sup> development of diabetes among young adults,<sup>2</sup> suicide risk assessment among standardized patients portraying either major depression or adjustment disorder,<sup>3</sup> and risk for domestic violence.<sup>4</sup>

Two systematic reviews examine both risk and clinical management. One identifies racial differences in the efficacy of antihypertensive therapy.<sup>5</sup> The other assesses differences in international guidelines for management of acute sore throat.<sup>6</sup>

Several other studies inform our clinical management of patients. For example, Bayliss and colleagues<sup>7</sup> discover barriers to self-management of chronic diseases, many of which are mutable.

Howard and colleagues<sup>8</sup> find that among 1,245 patients of 36 practices in Thunder Bay, Ontario, patient satisfaction with after-hours care of an urgent problem is higher if provided by patients' own family physician or their physician's after-hours clinic, compared with a walk-in clinic, the emergency department, and telephone health advisory services. This study can inform the proliferation of less personal sources of after-hours care in many countries.

A clinical trial of a 6-hour vs 2-hour continuing education intervention finds varied effects on communication with patients with breast cancer.<sup>9</sup>

Two essays propose innovative staffing models for making feasible the growing opportunities in management of chronic illness in patients.<sup>10,11</sup> We feature these articles together in the *Annals Journal Club*,<sup>12</sup> and encourage creative discussion about health care reform at both the system and practice level that could enable these and other innovations.

With this issue, the *Annals* welcomes the College of Family Physicians of Canada as a new sponsoring organization. We are delighted by the CFPC's show of sup-

port for our mission of advancing knowledge essential to understanding and improving health and primary care. As always, we are honored by the many collaborative efforts that make the *Annals* possible.

Please share your insights by joining the *Annals* online discussion at <http://www.AnnFamMed.org>.

To read or post commentaries in response to this article, see it online at <http://www.annfammed.org/cgi/content/full/5/5/386>.

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